

# Registration Form

PLEASE PRINT & FILL OUT COMPLETELY

## Main Contact

☐ Check this box if address or phone number has changed.

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-mail Address \_\_\_\_\_

For Valuable consideration, I for myself, my successors, heirs, assigns, executors, spouse, administrators, & next of kin, I **release, waive, discharge & relinquish** the City of Long Beach, its officials and employees from all claims, damage, causes of action, liability, cost & expense, including attorney's fees arising from my or my child(ren)'s participation in class & transportation therewith: I assume all risks of bodily injury including medical/hospital bills, death, & damage to my property arising from my or my child(ren)'s participation in class & transportation therewith except if it's caused by the City's negligence. **By signing below**, I acknowledge that I've read this release, understand I give up certain rights and sign voluntarily. **THIS RELEASE RELIEVES THE CITY FROM LIABILITY FOR PERSONAL INJURY, DEATH & PROPERTY DAMAGE CAUSED BY NEGLIGENCE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list separately additional family members living with the Main Contact.

Last Name	First Name	Birthdate	Male/Female (circle one)
1			M / F
2			M / F
3			M / F
4			M / F
5			M / F
6			M / F

Class #	Student Name	Class Name	Day(s)	Start Date	Time	Fee

Refunds must be requested one working day prior to the first class. There is a \$7 processing fee for each refund.

**NO REFUNDS** will be given on or after the day the class is scheduled to begin. Full refunds/credits will be given for classes canceled by the City. Please allow 3-4 weeks for refunds.

Donation to Partners of Parks Youth Assistance Fund

Total

\$

\$

Grand Total

\$

Credit Card #:                  Exp. Date \_\_\_\_\_

### Method of Payment (Check One)

- ☐ Cash ☐ Master Card ☐ Visa  
☐ Money Order ☐ Check, payable to : **City of Long Beach**  
include class #, complete address & phone #.

Mail registration forms and payment to:

**City of Long Beach,**  
**P.O. Box 15827,**  
**Long Beach, CA 90815-0827**  
or FAX to (562) 570-3113

**\$15 service charge on returned or cancelled checks. Please DO NOT MAIL or DEPOSIT CASH in DROP BOX.**

You will be informed if a class is full. Please retain class schedule for reference.

**If you would like a confirmation notice, enclose a self-addressed, stamped envelope.**

Registration/Reservations Office, 2760 Studebaker Road, (562) 570-3111. Open M-F, 9 a.m. - 6 p.m.